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Correction to: Comparison of outcomes after topography-modified refraction versus wavefront-optimized versus manifest topography-guided LASIK



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Correction to: BMC Ophthalmol (2020) 20:192 https://doi.org/10.1186/s12886-020-01459-0

Following publication of the original article [1], we were notified that the paper confirmed a previous study by Wallerstein et al. [2] and that this study was not cited in the published manuscript. The citation is included below.

Original:

Our results showed that the predictability of the refractive correction and visual outcomes did not differ significantly among WFO-, manifest TG-, and TMR-LASIK, similar with those of previous contralateral-eye comparisons of WFO-LASIK with manifest TG- or TMR-LASIK [3–5]. However, in this study, the mean value of postoperative RA was higher in TMR-LASIK, and TMR-LASIK showed a significantly-skewed distribution of postoperative RA toward higher astigmatic values than WFO- and manifest TG-LASIK. On the other hand, a previous comparison between WFO- and TMR-LASIK reported conflicting results with respect to RA [5].

Corrected:

• Our results showed that the predictability of the refractive correction and visual outcomes did not differ significantly among WFO-, manifest TG-, and TMR-LASIK, similar with those of previous contralateral-eye comparisons of WFO-LASIK with manifest TG- or TMR-LASIK [3-5]. However, in this study, the mean value of postoperative RA was higher in TMR-LASIK, and TMR-LASIK showed a significantly-skewed distribution of postoperative RA toward higher astigmatic values than WFO- and manifest TG-LASIK. Similar results were previously reported by Wallerstein et al. [2] who found that in cases of eyes having a RA versus CA axis difference higher than 20°, eyes treated with TMR-LASIK had higher postoperative RA compared to those treated with manifest TG-LASIK. On the other hand, a previous comparison between manifest TG- and TMR-LASIK reported conflicting results with respect to postoperative RA [5].

The original article can be found online at https://doi.org/10.1186/s12886-020-01459-0.

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